## PART B - FEE(S) TRANSMITTAL

JUL (	2 2007 yu	her with applicable	or <u>Fax</u>	Commissioner fo P.O. Box 1450 Alexandria, Virg (571)-273-2885	r Patents inia 22313-1		
INSTRUCTIONS: This appropriate. All corther cindicated unless of the maintenance fee notification	form should be used to correspond ince including or directed others.	for transmitting the ISSI ng the Patent, advance of nerwise in Block 1, by (	UE FEE and PUBLIC rders and notification a) specifying a new co	ATION FEE (if requ of maintenance fees v orrespondence address	ired). Blocks 1 vill be mailed to ; and/or (b) indi-	through 5 shothe current cating a sepa	nould be completed where correspondence address as rate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  50855  7590  04/06/2007  UNITED STATES SURGICAL, A DIVISION OF TYCO HEALTHCARE GROUP LP 195 MCDERMOTT ROAD				Note: A certificate of Fee(s) Transmittal. Th papers. Each additiona have its own certificate  Cer I hereby certify that the States Postal Service v	mailing can onlis certificate can all paper, such as cof mailing or traitificate of Maili is Fee(s) Transnowth sufficient points.	y be used for not be used for an assignment ansmission.  In a continuous or Transmittal is being stage for firs	r domestic mailings of the or any other accompanying at or formal drawing, must
NORTH HAVEN, CT 06473 07/03/2007 SFELEKE2 00000036 210550 10728259				Mary Jo M	ilacek		(Depositor's name)
01 FC:1501 1400.00 DA				May	Do mil		(Signature)
02 FC:1504	300.00 DA	. <u></u>	l	<u> </u>	une 28	2001	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	TOR	ATTORNEY DO		CONFIRMATION NO.
10/728,259 TITLE OF INVENTION:	12/04/2003 VARIABLE OUTPUT	CREST FACTOR ELEC	David S. Keppel CTROSURGICAL GEN	NERATOR	2878		7800
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DI	UE PREV. PAID ISSU	E FEE TOTAL	FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0		\$1700	07/06/2007
EXAMI	NER	. ART UNIT	CLASS-SUBCLASS				
PEFFLEY, MICHAEL F 3739		3739	606-034000				
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
(A) NAME OF ASSIG	ess an assignee is ident in 37 CFR 3.11. Comp ENEE		data will appear on the T a substitute for filing (B) RESIDENCE: (C	e patent. If an assign an assignment. ITY and STATE OR C	OUNTRY)	pelow, the do	cument has been filed for
Sherwood Services AG Schaffhausen, Switzerland							
Please check the appropria	ate assignee category or	categories (will not be pr	rinted on the patent):	☐ Individual  ☐ Co	orporation or oth	er private gro	up entity Government
4a. The following fee(s) a  Silve Fee  Publication Fee (No  Advance Order - #		b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 21-0550 (enclose an extra copy of this form).					
• •	SMALL ENTITY state	is. See 37 CFR 1.27.	• • • • • • • • • • • • • • • • • • • •	longer claiming SMAI			R 1.27(g)(2). e assignee or other party in
interest as shown by the re	ecords of the United Sta	tes Patent and Trademark	Office.		. 1	1	
Authorized Signature _	- 1 h	n	<del></del>	Date	6/28/	07	<del></del>
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